

## PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents  
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10/09/2003

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Gonzalo Merino	(Depositor's name)
<i>[Signature]</i>	(Signature)
1/8/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/938,035	08/23/2001	Akira Asakura	20731 US (C38435/120940)	1662

TITLE OF INVENTION: MICROBIAL PROCESS FOR PRODUCING L-ASCORBIC ACID, D-ERYTHORBIC ACID, AND SALTS THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LILLING, HERBERT J	1651	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Roche Vitamins, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Parsippany, New Jersey 07054-1219

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

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- ☒ Publication Fee
- ☒ Advance Order - # of Copies 3

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *[Signature]*  
Gonzalo Merino, Reg. No. 51,192

(Date) 1/8/04

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01/14/2004 MGBREM2 00000056 09938035

01 FC:1501  
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03 FC:8001

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TRANSMIT THIS FORM WITH FEE(S)



Gonzalo Merino, Ph.D.  
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January 8, 2004

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: U.S. Patent Application Serial No. 09/938,035  
Filed: August 23, 2001  
For: **MICROBIAL PROCESS FOR PRODUCING L-ASCORBIC  
ACID, D-ERYTHORBIC ACID, AND SALTS THEREOF**  
Our Ref.: 20731 US (C038435/0120940)

Sir:

Enclosed are a completed Issue Fee Transmittal Form PTOL-85B (in duplicate), a \$1330.00 check covering the issue fee, a \$300.00 check covering the publication fee, and a \$9.00 check for three soft copies of the patent.

If any of the checks are missing or otherwise insufficient, or if any additional fees are required, please charge the fee (or credit any overpayment) to Deposit Account No. 02-4467. A duplicate copy of this letter is enclosed.

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Gonzalo Merino, Ph.D., Reg. No. 51,192

Respectfully submitted,

By:

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